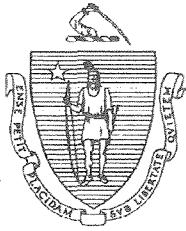


EXHIBIT 3



CHARLES D. BAKER
Governor

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
50 Maple Street, Suite 3
Milford, MA 01757
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Deputy Commissioners

December 13, 2019

Alexandra D. Valenti, Esq.
Goodwin Procter LLP
The New York Times Building
620 Eighth Avenue
New York, NY 10018

RE: Medication Assisted Treatment

Dear Attorney Valenti:

I am writing in response to your letter to Commissioner Carol Mici dated December 6, 2019 regarding three named individuals and their medication assisted treatment ("MAT") during their incarceration with the Massachusetts Department of Correction ("DOC").

As I am confident you are aware, the confidential nature of medical records and information, particularly with regard to substance use disorder and treatment, makes it inappropriate to provide specific information with regard to an individual patient in the absence of a signed release.

More generally, the DOC has a contract with Wellpath, LLC ("Wellpath") to provide comprehensive medical services, including substance use treatment. Wellpath is solely responsible for making all decisions with respect to the type, timing and level of services needed by an inmate based upon a clinical and individualized assessment of a particular inmate's history, current assessment, diagnosis and treatment needs. Decisions with regard to continuation or maintenance of opioid agonist or partial agonist treatment received immediately preceding incarceration with DOC is determined clinically by a qualified addiction specialist.¹ This standard applies across all DOC facilities.

Moreover, in response to your letter, the DOC has brought your concerns regarding the three specifically named individuals in your letter to the attention of Wellpath and its statewide Medical Director, who is a qualified addiction

¹ G.L. c. 127, § 1 defines a Qualified Addiction Specialist as:

a treatment provider who is: (i) a physician licensed by the board of registration of medicine, a licensed advanced practice registered nurse or a licensed physician assistant; and (ii) a qualifying practitioner or qualifying other practitioner, as defined in the federal Controlled Substances Act, as codified at 21 U.S.C. 823(G), who has been issued an identification number by the United States Drug Enforcement Administration pursuant to the federal Controlled Substances Act, as codified at 21 U.S.C. 823(g)(2)(D)(ii) or 21 U.S.C. 823(g)(2)(D)(iii).

specialist. The DOC has been assured that a thorough and individualized clinical review has been undertaken in each case, including consideration of each patient's treatment history, the treatment previously provided, and a reasoned medical judgment about the type and duration of appropriate treatment in each case going forward.

The Department's expectation and contractual arrangement with Wellpath calls for the continuation of MAT unless voluntarily discontinued by the inmate or determined to no longer be clinically indicated by a qualified addiction specialist. There is no policy proscription of which the DOC is aware that restricts either the dosage or length of treatment for which an individual inmate may receive medically necessary MAT. Similarly, the DOC cannot abide by a demand that MAT treatment prescribed during some prior point in an individual's past remains as the current course of treatment in perpetuity.

I trust that this response addresses your concerns with regard to the DOC.

Sincerely,



Stephanie Y. Sullivan

Assistant Deputy Commissioner, Clinical Services

Cc: Thomas Turco, Secretary, Executive Office of Public Safety and Security ("EOPSS")
Carol A. Mici, Commissioner, DOC
Susan Terrey, General Counsel, EOPSS
John Melander, Deputy General Counsel, EOPSS
Nancy White, General Counsel, DOC
Stephen Dietrick, Deputy General Counsel, DOC
Matthew Segal, Legal Director, ACLU of Massachusetts